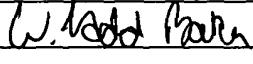


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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 239570US25CONT |
| | | First Inventor or Application Identifier Kimberly A ANDERSON |
| | | Title SURGICAL INSTRUMENT AND METHOD |
| | | Assignee Name: American Medical Systems Assignee Address: 10700 Bren Road West, Minnetonka, Minnesota 55343 |

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| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small> | | Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> | | ACCOMPANYING APPLICATION PARTS |
| 2. <input checked="" type="checkbox"/> Specification Total Sheets 65 | | 7. <input checked="" type="checkbox"/> Assignment Papers (filed in parent application S.N. 09/917,445 on 7/27/01 at Reel/Frame: 012217/0840) |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 59 | | 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |
| 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> | | 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | | 10. <input type="checkbox"/> English Translation Document (if applicable) |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies | | 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <small>(filed in parent application S.N. 09/917,445 on 7/27/01)</small> |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 09/917,445 | | 12. <input checked="" type="checkbox"/> Preliminary Amendment |
| Prior application information: Examiner: Gilbert | | 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard |
| | | 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> |
| | | 15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small> |
| | | 16. <input checked="" type="checkbox"/> Other: Confirmation of Attorney and Correspondence Address Revocation and New Appointment of Power of Attorney |
| 18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) <small>of application Serial No. Filed on</small> <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed | | |
| 19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FAXSIMILE: (703) 413-2220 | | |

| | | | |
|------------|---|-------------------|-----------------------|
| Name: | Charles L. Gholz | Registration No.: | 26,395 |
| Signature: |  | | Date: 07/11/03 |
| Name: | W. Todd Baker | Registration No.: | 45,265 |

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07/11/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kimberly A ANDERSON, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SURGICAL INSTRUMENT AND METHOD

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | CALCULATIONS |
|--|--------------|--------------|-----------------------------|--------------|
| TOTAL CLAIMS | 9 - 20 = | 0 | x \$18 = | \$0.00 |
| INDEPENDENT CLAIMS | 3 - 3 = | 0 | x \$84 = | \$0.00 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable) | | | + \$280 = | \$0.00 |
| <input type="checkbox"/> LATE FILING OF DECLARATION | | | + \$130 = | \$0.00 |
| | | | BASIC FEE | \$750.00 |
| | | | TOTAL OF ABOVE CALCULATIONS | \$750.00 |
| <input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY | | | | \$0.00 |
| <input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE | | | + \$130 = | \$0.00 |
| <input type="checkbox"/> RECORDATION OF ASSIGNMENT | | | + \$40 = | \$0.00 |
| | | | TOTAL | \$750.00 |

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$750.00** to cover the filing fee is enclosed.
 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

W. Todd Baker

Charles L. Gholz

Registration No. 26,395

Date: 07/09/03



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(OSMMN 05/03)

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W. Todd Baker
Registration No. 45,265